7. SPECIAL POPULATIONS

In this section, you will find information on how to identify and communicate with special populations in your community in the event of an emergency.

7. Communicating with Special Populations

Background: Importance of Planning Communication to Special Populations

In the event of an emergency, it is important for your organization to be able to reach as many people as possible in your area with messages and instructions. While traditional means of communication such as television and radio will reach a large percentage of the general public, there may be populations in your area that do not receive these messages. Your organization should be aware of the communication needs of special populations in your community and should plan a way to reach in an emergency. These populations could include:

1. Elderly
2. Deaf and Hard of Hearing
3. Blind and Visually Impaired
4. Homeless
5. Schools
6. Non-English Speaking People/Refugees/Immigrants
7. Native Americans (tribes)
8. Individuals Receiving Care in Staffed Facilities

As part of preparing its Risk Communication Plan, PSI assisted MDPH in the development of a plan to communicate with special populations across the state. As you develop your own special populations communication plan for your community, you will want to understand and coordinate with MDPH's approach to communicating with special populations across the state. Excerpts from MDPH's special populations communication plan is included in this section.

Steps for Developing A Strategy for Communicating with Special Populations

1. **Identify who in your community belongs to a group listed above, or another group that may need a special communication strategy.** There are several possible sources of information about special populations in your community. Try starting with these:
   - U.S. Census data (www.census.gov)
   - Public and private schools in your community, including universities and colleges
   - Local police, fire and EMS professionals in your community who may be aware of populations needing special assistance during an emergency
   - Residential institutions, including corrections facilities, rehabilitation and treatment facilities, and nursing care facilities

2. **Identify each group's communication issues.** In order to receive and understand your agency's messages in an emergency, consider each population's need for specialized:

- Message content, or
- Message delivery.

For example, people who do not speak English many need *message content* translated. In contrast, people who are deaf or hard of hearing may need *messages delivered* through a special network such as an email listserv or closed captioning on TV. Understanding the special populations in your community, consider the different ways in which your messages need to be modified and delivered to reach all special populations.

3. **Specify how are you going to reach each group with information in an emergency.** As you identify special populations in your community, consider making contact with agencies serving each population. Having an established link to agencies serving special populations may help your agency to quickly get messages translated, posted on specialized communication services (such as email listservs or SAP radio) and/or distributed to appropriate individuals in the event of an emergency.

Tools for Planning Communication Responsibilities

To help with developing your own plan for communicating with special populations, following are excerpts of the state's special population communication plan. All or some of these population networks could potentially be activated in the event of a public health emergency.

Depending on the special populations in your community, you may want to use a similar format and approach for writing your special populations communication plan.

1. Introduction to the MDPH Special Populations Communication Plan

As part of its efforts to prepare a plan for communicating information about health risks to the residents of the Commonwealth, the Massachusetts Department of Public Health (MDPH) sought information about reaching a number of populations throughout the state who may not receive information distributed via dominant media channels (e.g., television, radio, print) or in the state's most commonly spoken language (English). MDPH officials recognize that developing a comprehensive risk communications plan entails addressing the special needs of groups throughout Massachusetts to ensure that all of the Commonwealth's residents have the information they need before, during and after a public health emergency.

Community leaders and service providers with expertise in serving the targeted groups shared perspectives about where these populations reside, their communication needs, and the best ways to reach them. This report summarizes these expert perspectives regarding the following special populations:

- Elderly
- Deaf and Hard of Hearing
- Blind and Visually impaired
- Homeless
- Schools
- Non-English speaking people
- Refugees
- Immigrants
- Native Americans (Wampanoag Tribe)
- Individuals Receiving Substance Abuse Services
- Individuals Receiving Care in Staffed Facilities
    - ✓ Massachusetts Department of Mental Health
    - ✓ Massachusetts Department of Mental Retardation
    - ✓ Massachusetts Department of Youth Services
    - ✓ Massachusetts Department of Social Services
    - ✓ Massachusetts Department of Corrections
    - ✓ Massachusetts Sheriff's Association
    - ✓ MDPH Division of Health Care Quality
    - ✓ MDPH Bureau of Substance Abuse Services

In addition to summaries of communication issues for each population, PSI has included flowcharts illustrating how information from MDPH can be most quickly communicated to each population and state agency.

i. Elderly

Place of Residence

U.S. census data from 2000 show that there are approximately 808,275 elders (persons over the age of 65) living in Massachusetts – 13.2% of state's population. Many elderly people live among the general population in single homes in developments with homeowners of various ages. Others live among other elderly people in retirement communities or assisted living communities ranging from freestanding apartments to dormitory-style rooms. And others are confined to nursing homes.

Communication Issues

Issues to consider when preparing communications for the elderly include:

Living arrangements
Elderly living in assisted living facilities and nursing homes may not have access to traditional media outlets. To reach this population, MDPH should consider communicating with them via their caregivers.

Size and clarity of font
Because many elderly people are vision-challenged and wear glasses and/or use magnifying glasses to read text, the larger the font, the easier it is for them to read the text.

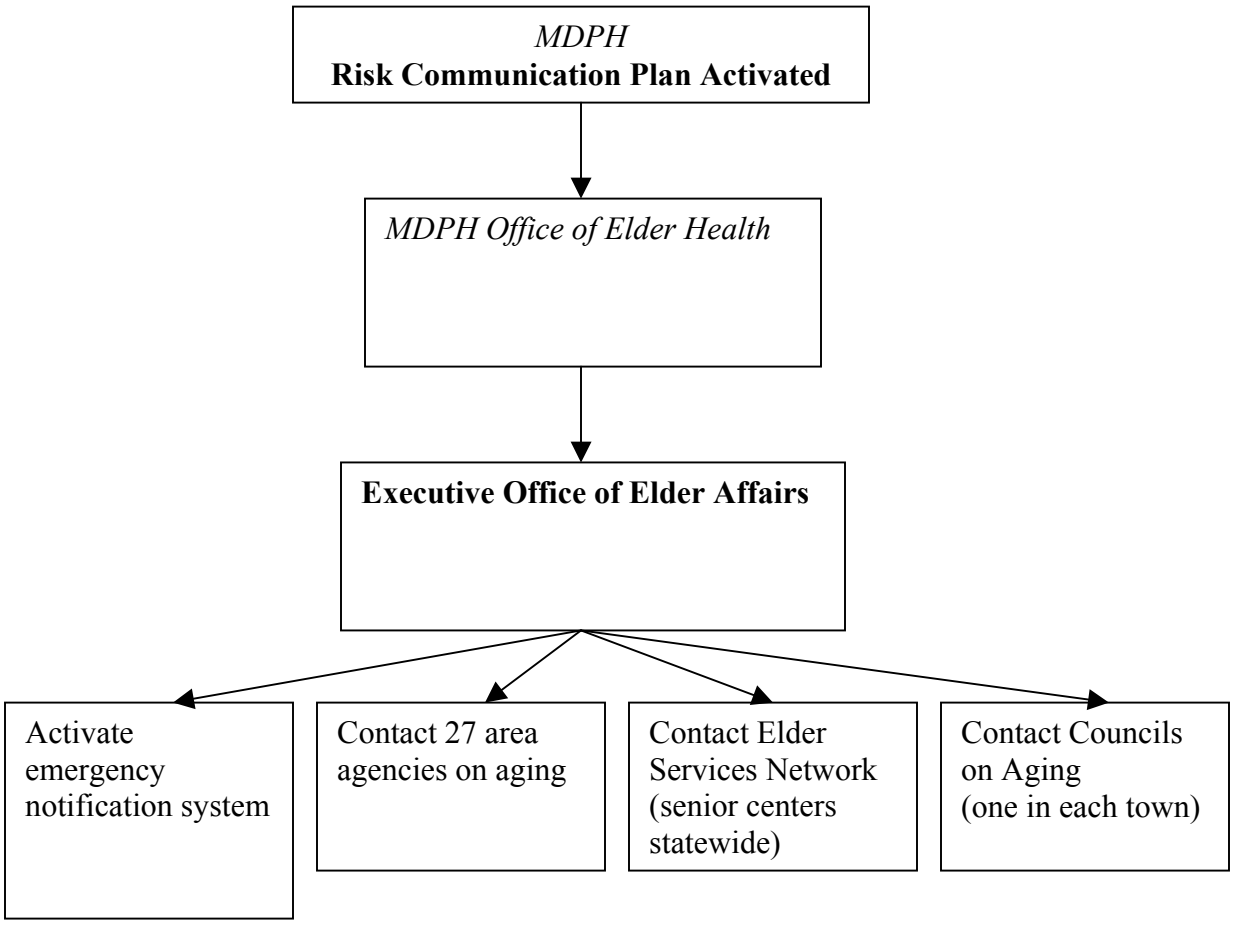
Literacy level
Due to cognitive impairments in old age, it is important to ensure that communications targeting this population are simple and easy to understand.

Hearing impairment
Hearing impairment due to age should be taken into consideration when trying to reach this population via the certain mass media (e.g., radio and television).

Mental health issues
Mental health issues such as dementia often hinder elders' ability to comprehend and react to information presented before, during, or after an emergency.

Contact Network

In the event of an emergency, many elderly will receive information via the mass media. MDPH should consider the communication issues listed above when developing messages targeting this population. MDPH should also consider reaching this population, especially those living in assisted living facilities and nursing homes, by activating the elder contact network described below. For additional information regarding individuals residing in assisted living, long-term care, and nursing home facilities, please refer to the section of this report entitled, "MDPH Division of Health Care Quality".



ii. Deaf And Hard Of Hearing

Place of Residence

There are over 500,000 individuals who are deaf or hard of hearing living throughout the Commonwealth.

Communication Issues

This population has access to mainstream media only if stations use closed captioning. Networks decide to use closed captioning on a program-by-program basis.

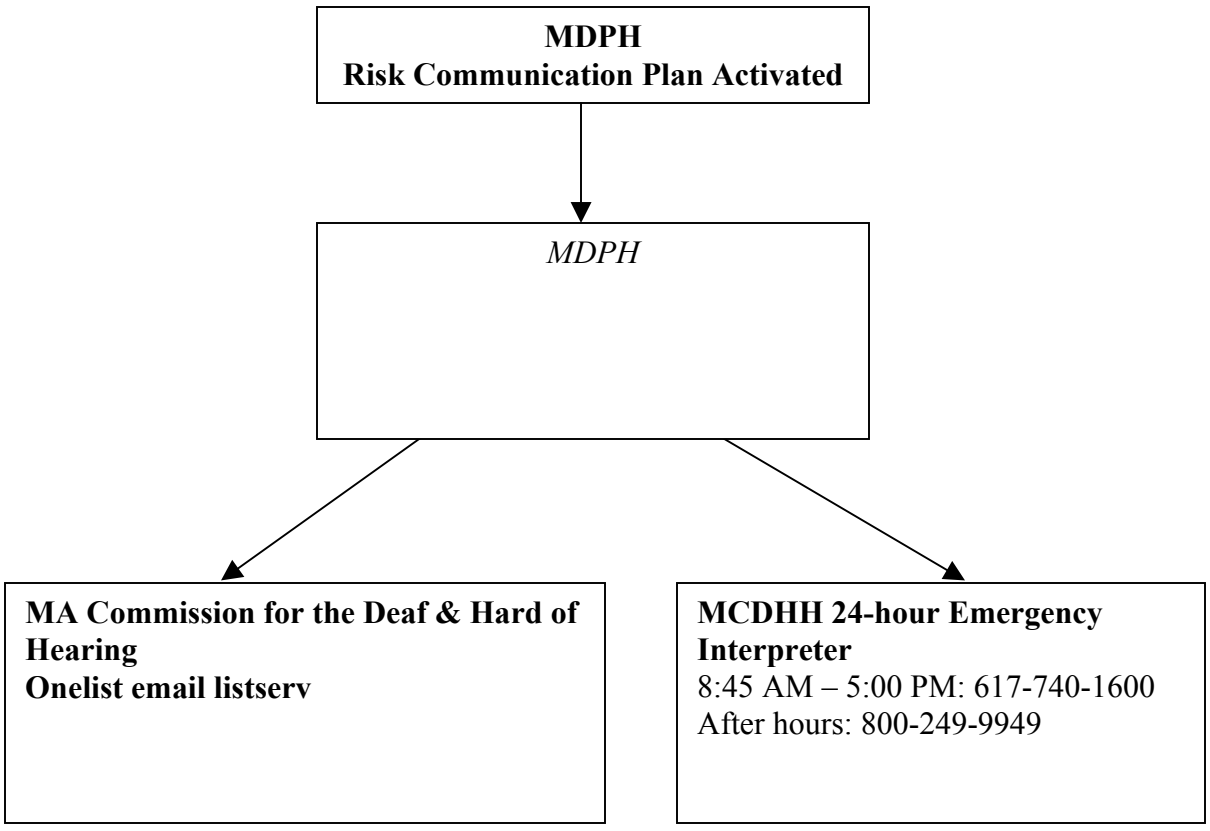
The MA Commission for the Deaf and Hard of Hearing has a 24-hour interpreter on call. MDPH has been invited to make use of the 24-hour interpreter service by calling upon the interpreter to translate live news conferences on-site.

In addition, almost 100% of deaf people in the Commonwealth carry a 2-way pager. MDPH may also want to investigate the possibility of entering into an agreement with the two major telecommunications companies (Motorola and SkyTel) providing this service to establish emergency paging.

For ongoing communication throughout a public health crisis, MDPH has been invited to post email messages on "Onelist," a widely accessed listserv of deaf and hard of hearing individuals and advocacy groups in the state. There are approximately 1,100 current individual subscribers, with several organizations making information from the listserv available to their constituents.

Contact Network

In the event of an emergency, MDPH can reach the deaf and hard of hearing population by activating the following contact network:



iii. Blind And Visually Impaired

Place of Residence

There are over 35,000 legally blind individuals of all ages living throughout Commonwealth.

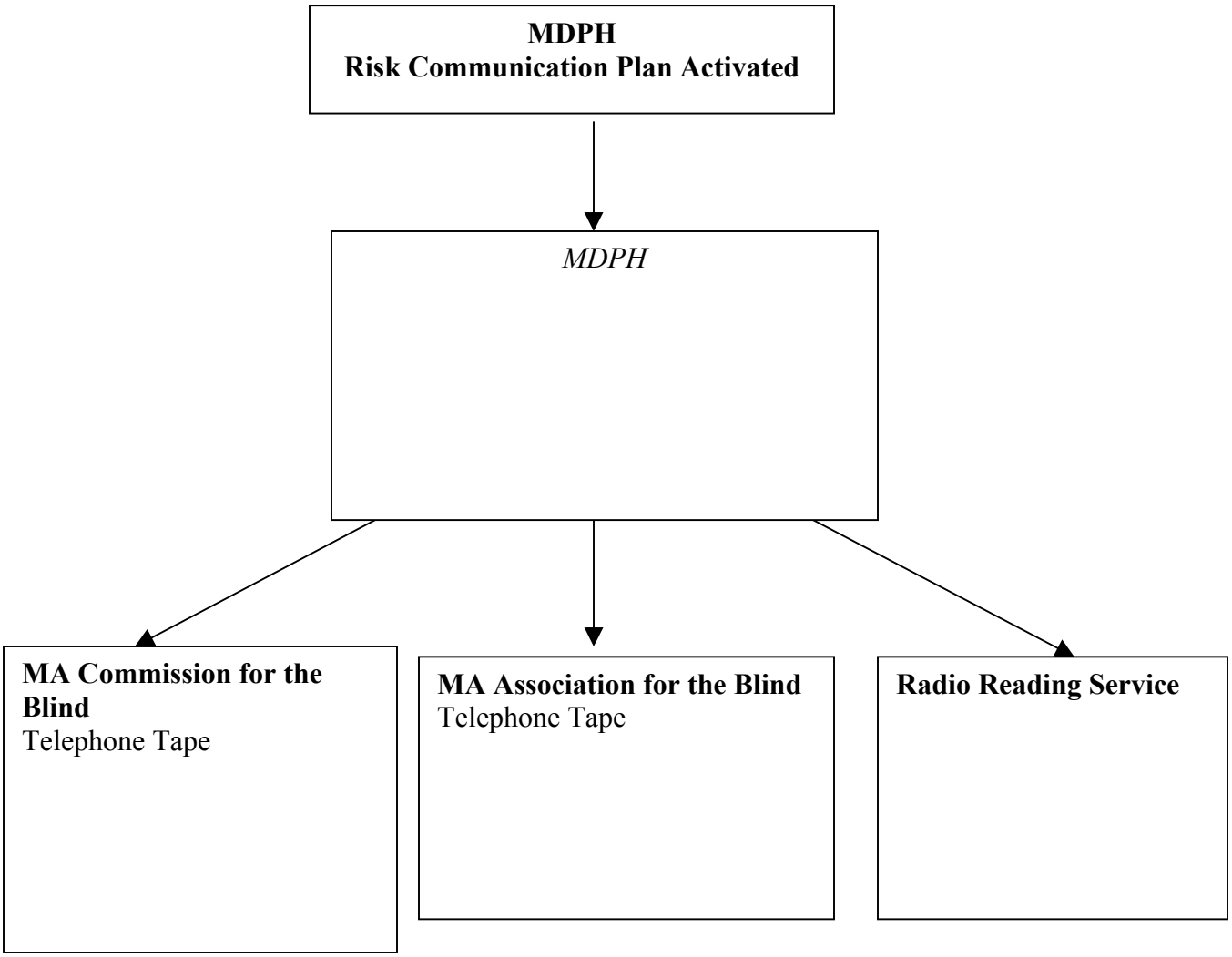
Communication Needs

This population has relatively good access to mainstream media, particularly radio. For less urgent crises, the Massachusetts Commission for the Blind and the Massachusetts Association for the Blind each operate a 24-hour "telephone tape" that many blind people regularly call to listen to a recording of announcements and events. The tapes are updated every few days. MDPH is invited to submit a message for the telephone tapes as often as necessary during an unfolding public health event.

An estimated 20,000 blind people in the Commonwealth listen to the Radio Reading Service. These are radio stations serving blind and visually impaired by reading items from newspapers and other print media aloud. While the service will broadcast messages from the mainstream print media, MDPH is invited to submit announcements directly to the Service for emergency broadcast.

Contact Issues

In the event of an emergency, MDPH can reach the blind and visually impaired population by activating the following contact network:



iv. Homeless

Place of Residence

According to the Massachusetts Coalition for the Homeless, approximately one third of the homeless population in Massachusetts resides in shelters or transitional living homes. There are individual and family shelters as well as teen living programs and transitional living programs. Much of the homeless population in the state are "doubled up," a term used to mean that they are temporarily living with relatives or friends.

Communication Issues

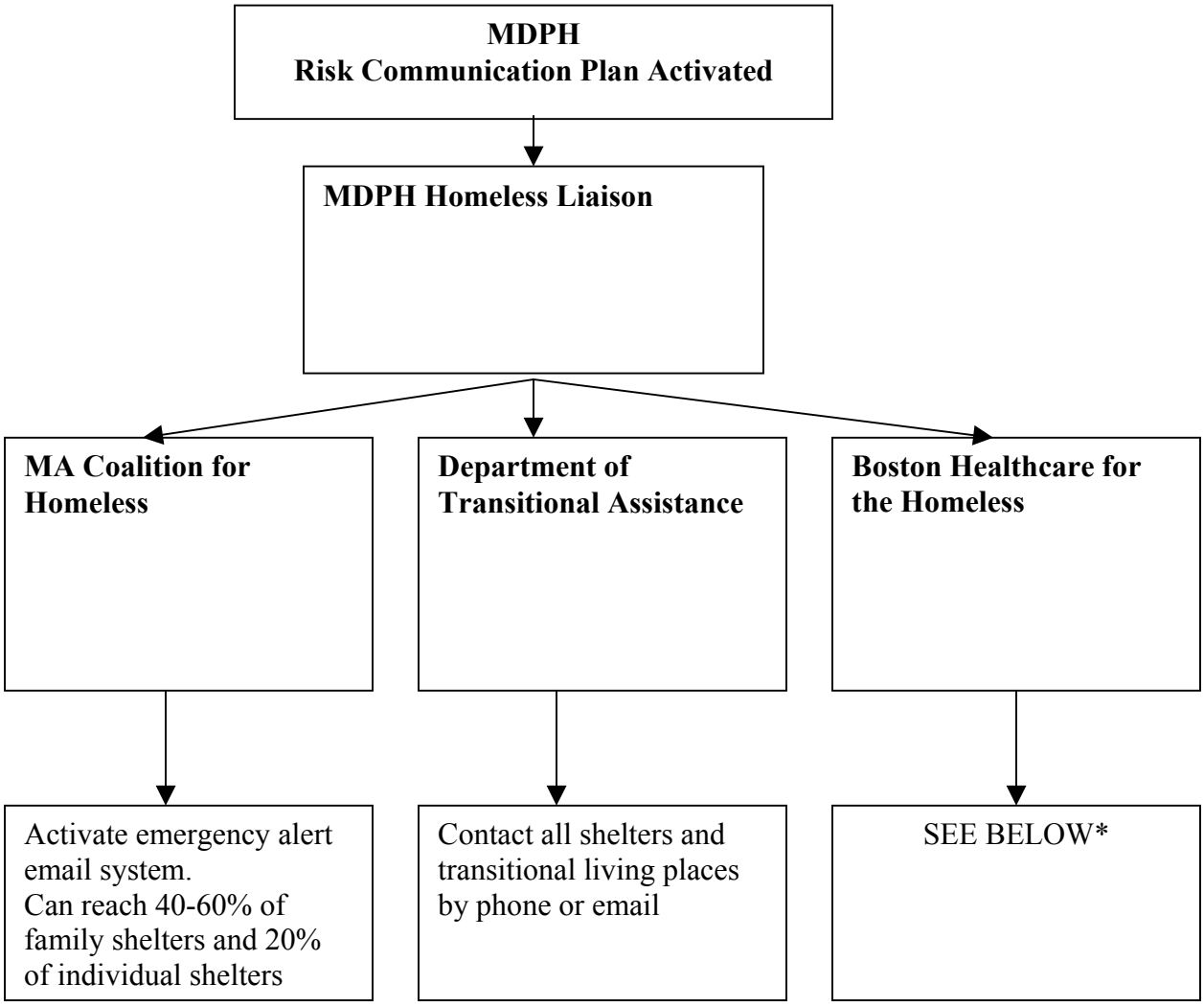
Literacy
The homeless population in Massachusetts consists of persons of every age, race and ethnicity represented in the general population in the state. While literacy levels vary, written communications should be low literacy (i.e., fifth-grade level).

Language
Communications should be available in every language read by persons living in the Commonwealth.

Mental Health Issues
Many homeless people suffer from mild to serious mental health conditions, a fact that may impair their ability to understand and deal with information.

Contact Network

In the event of an emergency, many homeless people will receive information via mass media outlets located in shelters and transitional living homes, and/or orally from staff working in shelters, or from people on the street. Should MDPH need to reach this population with information before, during, or after a public health event, the contact network detailed below can be activated.



* Boston Healthcare for the Homeless:

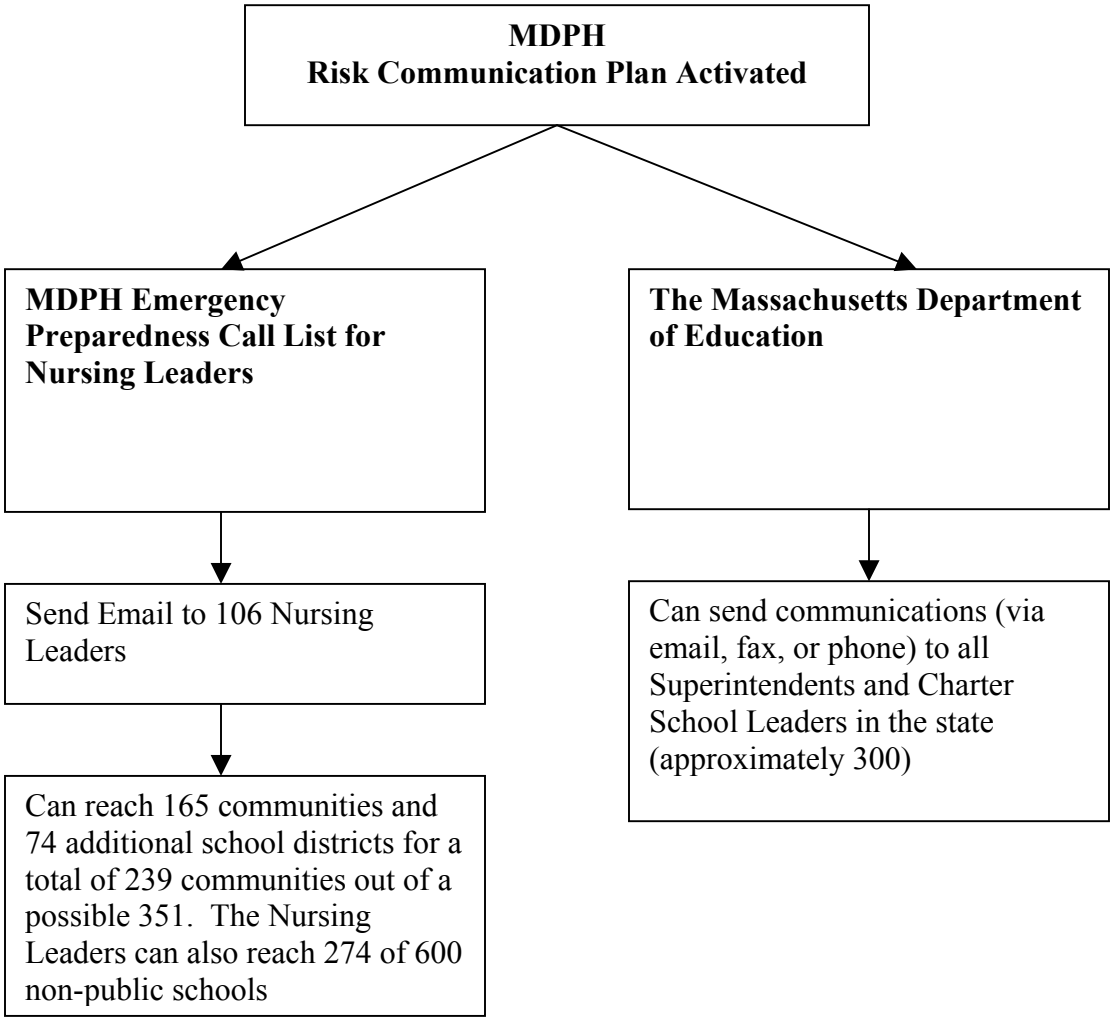
- Serves approximately 6,000 people actively at 65 sites in greater Boston area including shelters, motels, street areas, and racetracks.
- Has a 90-bed in-patient respite center named *The Barbara McGuiness House* in Jamaica Plain. The Respite Center serves as their emergency operations center. A written agreement is in place between the Respite Center and Shaddock hospital to service their patients in the event of an emergency such as a power outage.

- Are in the process of determining an incident command structure, which will include an Information and Safety Officer, Operations Director, and other key emergency roles. Currently the Director of the Respite Center is in charge in the event of an emergency. If she is unavailable, the registered nurse on duty becomes in charge.

v. Schools

Contact Network

There are approximately 1950 public schools and 600 private schools in the Commonwealth. Both MDPH and the Massachusetts Department of Education have systems in place to communicate with schools. Below are descriptions of each system including contact information should MDPH need to communicate with schools before, during, or after a public health emergency.



**During a previous fiscal year budget-writing process, section #363 in the budget legislation mandated that all school districts engage in "All Hazard Planning." Since the passage of the legislation, superintendents have collaborated with police and fire personnel in their districts to develop School Safety and Crisis Plans.

vi. Non-English Speaking People/ Refugees/ Immigrants

Population Summary

The non-English speaking population in Massachusetts resides throughout the state. Over 52 nationalities are represented, and over 20 primary languages are spoken. Given the difficulty in addressing the communication needs of such a diverse population, experts in the Commonwealth feel that within the non-English speaking population, the refugee and recent immigrant population is most vulnerable given the following barriers:

- Language;
- Literacy;
- Distrust of government; and
- Mental health issues.

Experts feel that non-English speaking persons who are not refugees or recent immigrants can be reached through:

- Mass media
- English-speaking family members; and
- Ethnic media

Place of Residence

According to the Massachusetts Office for Refugees and Immigrants, approximately 2000-3000 refugees and asylees enter Massachusetts annually. Although the refugee and immigrant population resides throughout the Commonwealth, major populations exist in the following areas:

- Greater Boston
- Greater Springfield (Holyoke, Northampton)
- North Shore (Lowell, Lawrence, Lynn)
- Brockton
- Worcester
- Cape Cod

Communication Issues

Issues to consider when preparing communications for non-English-speaking people, refugees, and immigrants include:

Language

Language is the primary barrier facing refugees and recent immigrants. Communications should be available in every language spoken by people in the Commonwealth. Many refugees and recent immigrants do not rely on written communications as a primary means of information gathering. They often look to radio and television broadcasts in their native

languages, or rely on pre-recorded messages and word of mouth, making access to translators and interpreters vital.

Literacy

A small segment of the refugee and immigrant population are illiterate in their native language. Written communications should be low literacy and consist of simple concepts and illustrations.

Distrust of Government

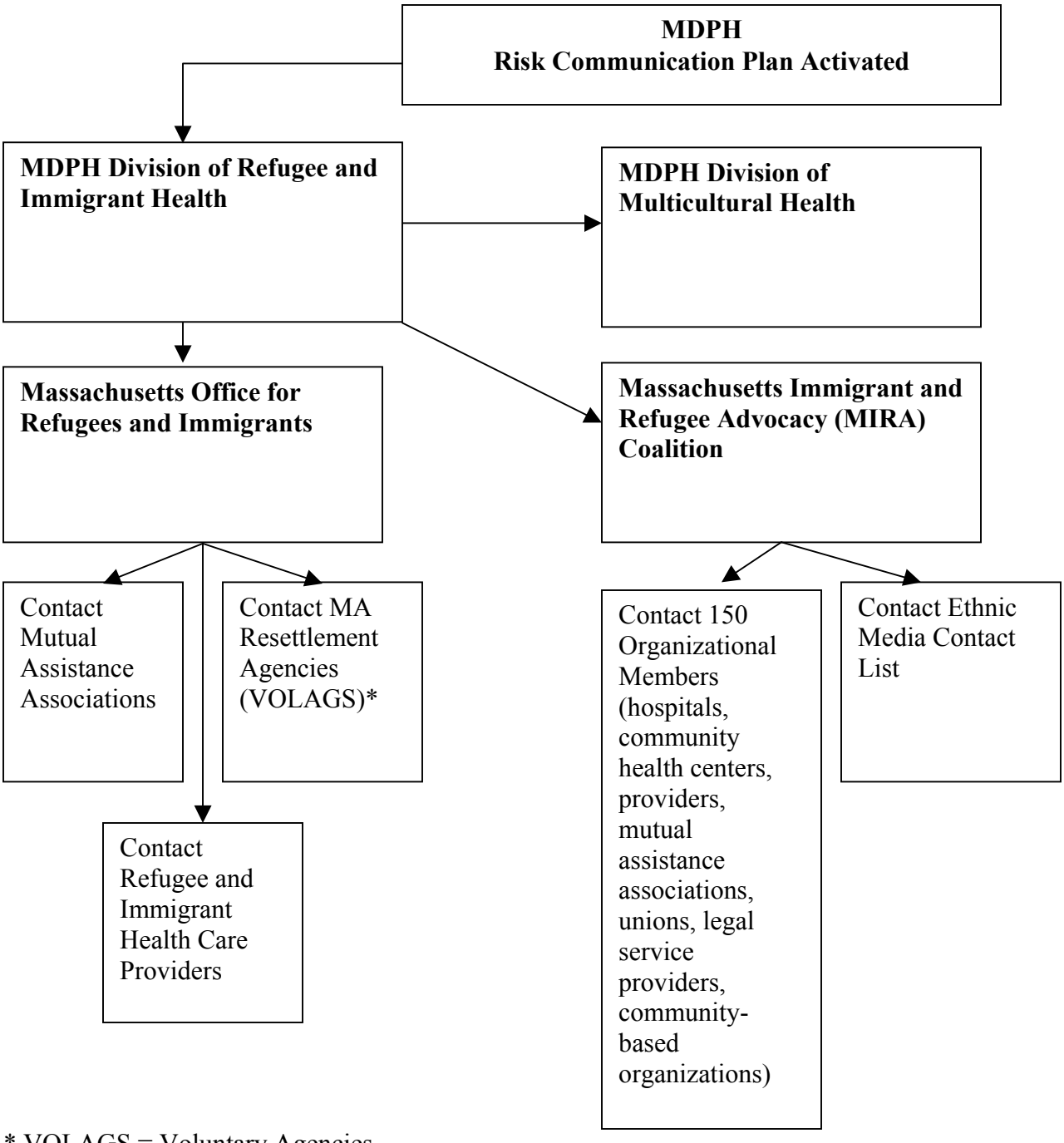
A large segment of the refugee and immigrant population are fearful and distrustful of the government and any associated agency. Such distrust and fear is the result of past experiences in their native countries, and may be difficult to overcome. Experts recommend making contact with this population prior to a communication emergency to establish credibility. A segment of the refugee and immigrant population, usually those here illegally, are fearful of deportation. This segment tends to be "invisible." They are difficult to locate, and would be difficult to communicate with in an emergency.

Mental Health Issues

Many refugees and immigrants suffer from mild to serious mental health conditions as a result of trauma experienced in their native countries. Such mental health conditions may hinder their ability to comprehend and react to information presented before, during, or after an emergency.

Contact Network

In the event of an emergency, MDPH can reach the refugee, immigrant and non-English speaking population by activating the following contact network:



* VOLAGS = Voluntary Agencies

vii. Native Americans – Wampanoag Tribe

Place of Residence

There are two Wampanoag tribal governments in Massachusetts:

- Mashpee Wampanoag (recognized in Commonwealth only)
- Wampanoag Tribe of Gay Head (Aquinnah) (recognized Federally)

In addition, the Native American Indian Center in Jamaica Plain serves Native Americans from a range of other tribes and states.

While there is not currently a strong communication mechanism in place that could be tapped in an emergency, MDPH recently entered into a contract with the Wampanoag Tribe of Gay Head (Aquinnah) as part of the development and coordination of statewide emergency preparedness response capability. The contract is intended to enhance the Tribe's capacity to share resources with the six towns on Martha's Vineyard, and to the extent practicable, with the remaining 17 towns in Cape Cod and Islands Regional Health Coalition in responding to public health threats and emergencies.

As part of this agreement, the Tribe is charged with undertaking a range of activities relating to emergency preparedness, including attending regional planning meetings, assisting with the development of a regional response plan, and identifying partner agencies that may be able to support the regional response to disaster. Funds will also be made available to provide video conferencing capability to the Tribe, facilitating their coordination and communication with MDPH, MEMA and other partners. Work under this contract is expected to begin in April 2004.

Activities undertaken by the Tribe with these funds must be in accordance with the Critical Capacities outlined in the Cooperative Agreement, and would include:

- Preparedness planning and readiness assessment;
- Developing and expanding public health infrastructures;
- Integrating tribal preparedness plans or risk communications plans with the regional plan;
- Developing/enhancing mutual aid agreements, emergency operations plans, and/or terrorism annexes;
- Surveillance and epidemiology capacity;
- Communications and information technology;
- Risk communication;
- Education and training;
- Conducting local or regional program implementation meetings;
- Conference registration fees, hiring of staff or contractors, and purchase of materials and equipment to conduct the activities listed above;
- Travel and per diem for staff time related to above activities.

MDPH individuals who work with the Wampanoags suggested that MDPH leadership continue to make a concerted long-term effort to establish a strong and effective relationship with the tribes.

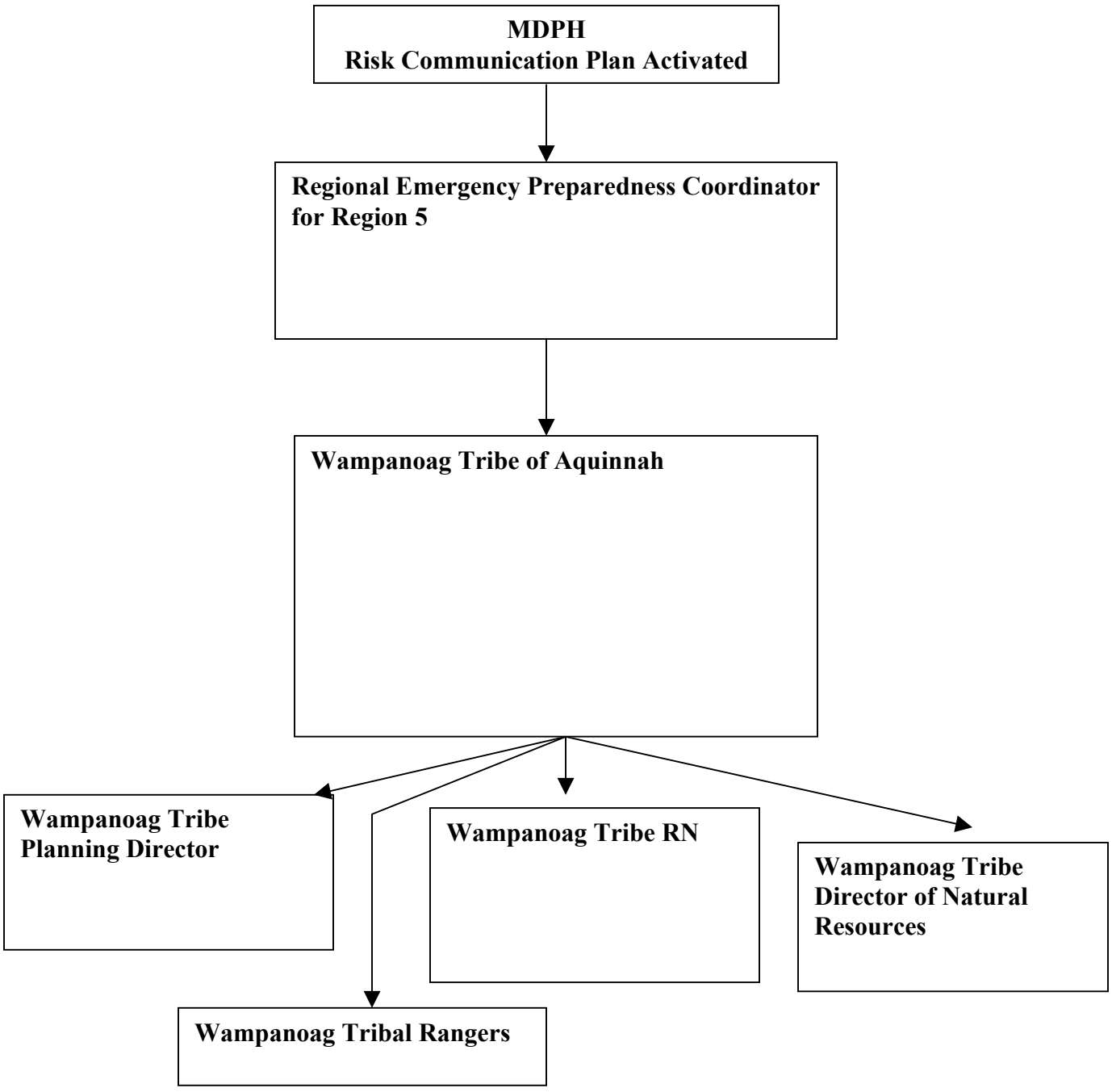
Communication Issues

The Wampanoag Tribe of Gay Head (Aquinnah) is a separate government agency. In a public health emergency, Native Americans in the Commonwealth will receive messages from mainstream media. However, many have a high mistrust of government at every level. In addition, tribal priorities tend to be centered on the environment and relationship to the land, and are not necessarily focused on health alone. Wampanoags also typically utilize a combination of traditional healing and Western medicine. These factors should be considered in developing messages or instructions related to a public health emergency. Tribal Officials should be contacted directly through an established contact from MDPH to a representative of the Wampanoag Tribe of Gay Head (Aquinnah) as determined by the tribal council.

The Wampanoag Tribe of Gay Head has a designated Emergency Management Director who, along with other local Emergency Management Directors throughout the state, is invited to participate in emergency planning conducted by MEMA.

Contact Network

In the event of an emergency, MDPH can reach the Native American population by activating the following contact network:



MDPH can also contact the North American Indian Center of Boston, which in turn can reach approximately 240 Native Americans residing in the greater Boston area. The Center also has relationships with the Mashpee Wampanoags and the Commission on Indian Affairs and can reach these entities in a public health crisis as well.

The North American Indian Center of Boston
General: (617) 232-0343

viii: Individuals Receiving Care in Staffed Facilities

Place of Residence

Many individuals receive care in staffed facilities throughout the Commonwealth. The term "staffed facilities" encompasses a wide variety of residences including, but not limited to the following: group homes; nursing homes; individual homes where home care is provided; correctional facilities; foster homes; and institutions such as mental health or substance use treatment facilities.

Communication Issues

In the event of a public health emergency, individuals receiving care in staffed facilities will likely receive information via the mass media, either firsthand, or though communication with facility staff members. However, because individuals in staffed facilities are under the care of others, and are in many cases unable to take independent action, it is important to ensure networks are in place for contacting key individuals within staffed facilities throughout the Commonwealth.

Activating the following contact networks is the most effective way for MDPH to reach individuals residing in staffed facilities during an emergency.

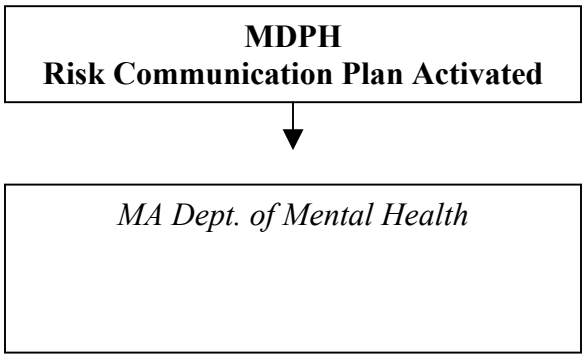
1. Massachusetts Department Of Mental Health

The Massachusetts Department of Mental Health (DMH) provides services to citizens with long-term or serious mental illness, early and ongoing treatment for mental illness, and research into the cause of mental illness. However, DMH is not the only organization that provides mental health services in the Commonwealth.

It is estimated that there are nearly 45,000 adults in Massachusetts with serious and persistent mental illness and severe dysfunction, and an additional 115,000 children aged 0-19 with serious mental illness or emotional disturbances. Currently, DMH serves approximately 27,000 adults and children in the Commonwealth with these conditions.

DMH is organized into six geographic areas, each managed by an Area Director. Each area is further divided into Local Service Sites, overseeing an integrated system of state and vendor-operated adult and child/adolescent mental health services. State operated facilities include sites such as state hospitals and inpatient units, while vendor-operated facilities include sites such as group homes and in-home supportive care.

In the event of a public health emergency, MDPH's point of contact at DMH is the Director of Emergency Management. The Director of Emergency Management would then activate DMH's emergency response plan, by which each of the Area Directors, Disaster Coordinators, and DMH Central Office would be contacted. Through this system, DMH has the ability to reach all state-operated facilities under their jurisdiction, and is working to enhance their ability to contact all vendor-operated facilities. (See **Appendix 27**: Department of Mental Health Emergency Management Phone Numbers).

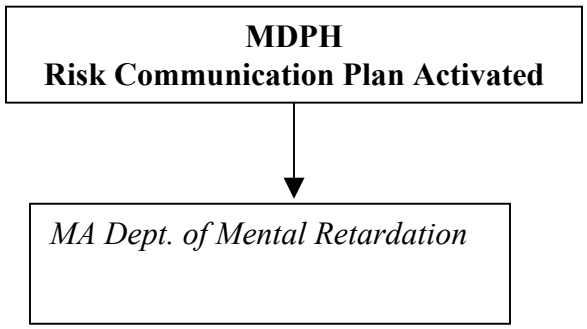


2. Massachusetts Department Of Mental Retardation

The Massachusetts Department of Mental Retardation (DMR) provides support to citizens with mental retardation and their families. Divided into 4 regions, with nearly 7,200 FTE's (Full-Time Equivalents), DMR provides services to more than 32,000 individuals in the Commonwealth through a combination of state and provider-operated programs.

Although the majority of people served by DMR live in their homes with family members, DMR provides residential and community service options to persons unable to live on their own. This system is comprised of 202 state-operated homes, housing 1016 individuals. In addition, DMR serves approximately 1,150 people in its six Developmental Centers. These centers provide 24-hour support.

In the event of a public health emergency, MDPH's point of contact at DMR is the Director of Facilities Management. The Director of Facilities Management would be responsible for contacting each of the Regional Directors, thereby activating their comprehensive communication network and facility disaster plans as warranted. As part of their disaster planning, DMR maintains comprehensive listings of all personnel and facilities with redundant communications systems in place. Through this system, DMH has the ability to reach all facilities operated under their jurisdiction.

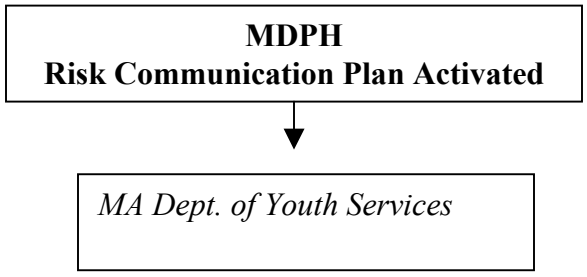


3. Massachusetts Department Of Youth Services

The Massachusetts Department of Youth Services (DYS) is the juvenile justice agency of the Commonwealth. Divided into four regions, DYS provides clinical, health, victim, and community services to the Massachusetts' juvenile population. Services are provided both in-home (including foster care), and out-of-home at staff secure community and residential facilities, including schools. In 2002, DYS provided services to nearly 5,300 youth admitted for pre-trial detention.

In the event of a public health emergency, MDPH's point of contact at DYS is the Director of Community Operations. Once contacted, the Director will activate DYS's comprehensive emergency response plan by notifying their Communication and Information Center (CIC). The CIC is the central system at DYS through which all communications are funneled during an emergency. It is manned 24 hours a day, 7 days a week, 365 days a year. Personnel staffing the CIC maintain updated contact lists for all programs and staff under DYS jurisdiction (including a listing of backup personnel), and have the ability to reach them in an emergency. DYS has the capacity to send personnel door-to-door to community sites such as group homes, if necessary.

To ensure the activation of the appropriate communication channels during an emergency, DYS has implemented numerous redundant systems. In the event that MDPH is unable to reach the Director of Community Operations, they should contact the Communication and Information Center directly at 617-960-3333.

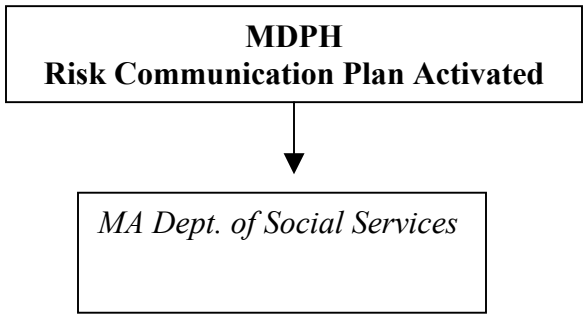


4. Massachusetts Department Of Social Services

The Massachusetts Department of Social Services (DSS) seeks to ensure the safety of children by protecting them against abuse and neglect committed by family members or recognized caretakers. Operating 28 area offices with over 3000 staff members, and dividing Massachusetts into 6 regions, DSS coordinates temporary placement and reunification programs, and oversees the Commonwealth's foster care and adoption programs.

In the event of a public health emergency, MDPH's point of contact at DSS is the Deputy Commissioner. Once contacted, the Deputy Commissioner will activate their comprehensive emergency preparation and response plan.

As part of this plan, each area and regional office has identified an Emergency Response Lead Manager, who maintains a listing of all personnel, families, foster homes, and temporary placement facilities within their jurisdiction. The DSS Central Office maintains a listing of all Emergency Response Lead Managers, and their backup personnel. Similarly, each department at the Central Office has identified an Emergency Response Lead Manager, including back-ups, and are available by cell phone at all times during an emergency. Through activation of their emergency preparation and response plan, DSS has the capability to contact all personnel and persons served under their jurisdiction.



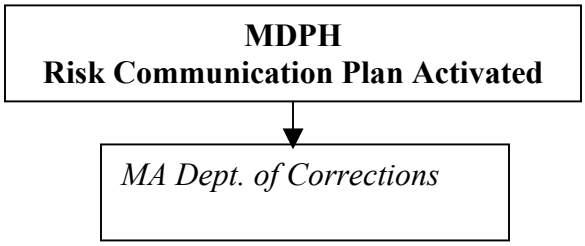
5. Massachusetts Department Of Corrections

In Massachusetts, jurisdiction of correctional facilities is shared by two agencies: Massachusetts Department of Corrections and Massachusetts Sheriff's Association. The Department of Corrections is responsible for oversight of state-operated corrections facilities, and will be discussed below, while the Sheriff's Association is responsible for oversight of county-operated corrections facilities, and will be discussed in a subsequent section of this report.

The Massachusetts Department of Corrections (DOC) is responsible for overseeing the operation of the state's prison system. There are 17 corrections facilities, and one state hospital under the Department of Corrections' jurisdiction. Currently, there are approximately 10,000 inmates incarcerated in the state's prison system, and nearly 5,000 staff responsible for their oversight.

In the event of a public health emergency, MDPH's point of contact at DOC is the Director of Health Services. Once contacted, the Director will activate their communications protocol.

As part of this protocol, the Director will notify the DOC Commissioner, and the UMASS Medical School – Correction Health Unit (agency responsible for providing health services within the DOC system). UMASS Medical School will subsequently contact providers at each of the corrections facilities and the state hospital. Redundant systems are in place, and comprehensive contact information is available for personnel and facility managers. Through activation of this contact network, DOC has the ability to contact each of the facilities and all personnel and persons served under their jurisdiction.



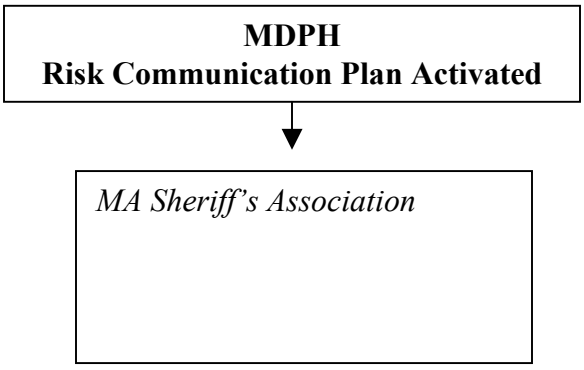
6. Massachusetts Sheriff's Association

The Massachusetts Sheriff's Association is responsible for overseeing the operation of the county corrections facilities. Within the county correction system there are 14 elected jurisdictions. Corrections facilities consist of county jails and houses of correction.

In the event of a public health emergency, MDPH's interim point of contact for the MA Sheriff's Association is the Executive Director. The MA Sheriff's Association is currently in the process of examining and updating their emergency response and communication protocols. A permanent point of contact for MDPH will be dependant upon the results of their internal assessment.

In the meantime, once the Executive Director is contacted by MDPH, the Director will contact the Sheriff at each of the 14 jurisdictions. Sheriffs within each jurisdiction will activate their individual emergency preparation and response plans. (See **Appendix 28**: County Jail Contact List). Through activation of this contact network, the MA Sheriff's Association has the ability to contact each of the facilities and all personnel and persons served under their jurisdiction.

It is important to note that individuals in the electronic monitoring program (house arrest) are under the jurisdiction of the Community Corrections Unit/Office of Community Corrections. While individuals in the electronic monitoring program are likely to receive messages from mass media during an emergency, MDPH should consider contacting the Commissioner of the Office of Community Corrections to discuss communication protocols that may be in place.

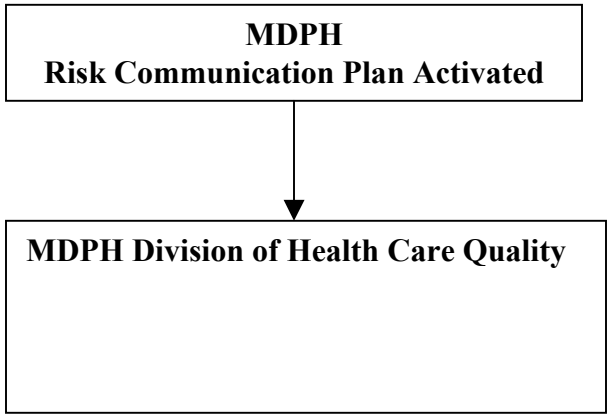


7. MDPH Division Of Health Care Quality

As discussed in the "Elderly" section of this report, the majority of elderly persons residing in the Commonwealth will receive messages during a public health emergency via the mass media. However, MDPH should consider additional efforts to reach the elder population residing in staffed facilities, including assisted living facilities and nursing homes.

In addition to activating the contact network described in the section of this report focusing on the Elderly, the MDPH Division of Health Care Quality should be contacted. Responsible for overseeing approximately 500 long-term care facilities in Massachusetts, the MDPH Division of Health Care Quality maintains a listing of contact information for each of the facilities under their jurisdiction. Currently, there is no system in place for contacting all of these facilities in the event of an emergency; contact with individual facilities takes place as needed, and is initiated by various people within the MDPH system.

Because no formal communication network exists inside the Division of Health Care Quality for contacting all of the facilities on the list, MDPH should consider exploring relationships with other MDPH Divisions serving the Elderly (such as the MDPH Office of Elder Health) as well as other community agencies or advocacy groups (such as the Massachusetts Extended Care Federation) to establish a system for mass communication to long-term care facilities in the event a widespread public health message is warranted.



8. MDPH Bureau Of Substance Abuse Services

The MDPH Bureau of Substance Abuse Services (BSAS) provides substance abuse and addiction prevention and treatment services to individuals, families, and communities throughout the Commonwealth. Specific services include substance abuse prevention, intervention, treatment, and recovery support services, statistics and evaluation, licensing, and program policy, development and planning.

BSAS licenses nearly 400 facilities. In 2002, BSAS recorded approximately 50,000 admissions to detox facilities; 14,000 admissions to residential programs; and 50,000 admissions to ambulatory programs.

The Bureau is divided into six regions statewide, each operated by a Regional Manager. In the event of a public health emergency, the BSAS Assistant Commissioner should be contacted. Once contacted, the Assistant Commissioner will activate the BSAS internal communication network by contacting the senior-level managers within the Bureau, and subsequently the Regional Managers of the affected areas. Each Regional Manager will be responsible for contacting the facilities within their jurisdiction. Each region is working toward developing more comprehensive contact lists for all staff and facilities.

BSAS is currently working with the Massachusetts Department of Mental Health to launch a 24/7 information and referral helpline for providers and the public addressing disaster-related mental health issues and substance abuse issues (e.g. relapse, methadone, etc.). Once operational, this helpline will serve as a department-wide emergency communications resource for disaster mental health and substance abuse related issues. The helpline, known as, “MassSupport”, will be staffed by the volunteers who currently answer calls to the BSAS substance abuse helpline. To serve in this capacity, the volunteers will receive additional training on mental health concerns during an emergency. In the instance of a widespread emergency, DMH/BSAS may deploy professionals to assist the helpline volunteers with answering phone calls. As an accompaniment to the helpline, a “MassSupport” website is being developed for the public and providers. The website will contain information about coping with disasters, how to prepare and what to do during a widespread emergency, and how to access other local, state, and national resources.

Contact Network

In the event of an emergency, MDPH can reach the Bureau of Substance Abuse Services by activating the following contact network: